


In The United States Patent and Trademark Office

In re Application of: Assignee: Cytoc Corporation Inventors: P. Albany App. No: 10/656,092 Filed: September 5, 2003 Title: LOCALLY STORING BIOLOGICAL SPECIMEN DATA TO A SLIDE Docket: 703434-2001	Art Unit: 2621 Examiner: Lee, Seung H. CERTIFICATE OF MAILING UNDER 37 CFR § 1.8 Date of Deposit: December 19, 2005 I hereby certify that this document is being deposited with the United States Postal Service first class mail on the date indicated above in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Type or Print Name of Person Mailing: Karen Wuerfel  Signature of Person Mailing
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AMENDMENT AFTER FINAL ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Commissioner:

In response to the final Office action mailed October 25, 2005, please amend the above-
identified application as follows:

12/23/2005 DEMMANU1 00000051 502518 10656092
01 FC:1201 1200.00 DA

AF\$
PATENT *RFW*

Docket No. 703434-2001

In The United States Patent and Trademark Office

In re Application of:

Assignee: Cytoc Corporation

Inventors: P. Albany

App. No: 10/656,092

Filed: September 5, 2003

Title: LOCALLY STORING BIOLOGICAL
SPECIMEN DATA TO A SLIDE

Docket: 703434-2001

Art Unit: 2621

Examiner: Lee, Seung H.

CERTIFICATE OF MAILING
UNDER 37 CFR § 1.8

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Type or Print Name of Person Mailing: Karen Wuerfel


Signature of Person Mailing**AMENDMENT TRANSMITTAL LETTER**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

In connection with the above-identified application, enclosed herewith for filing are the following:

- ☒ Amendment After Final Action (9 pages)
☒ Return Postcard

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	22	22	0		x 50.00	\$0.00
Independent Claims	9	3	6		x200.00	1,200.00
Multiple Dependent Claims ***				\$140.00		0.00
TOTAL FILING FEE						
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					1,200.00
LIST INDEPENDENT CLAIM(S): 1, 9, 18, 22, 23, 24, 25, 26, 27						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

☒ The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 50-2518, Docket No. 703434-2001.

DATE: December 19, 2005

Respectfully submitted,

BINGHAM McCUTCHEN, LLP

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